

# MEMORANDUM

Agenda Item No. 3(A)(12)

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**TO:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

**DATE:** September 1, 2015

**FROM:** R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Resolution retroactively  
authorizing in-kind services  
for the May 16, 2015 "National  
Nurse Week/Hospital Week  
Family Picnic"

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The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Xavier L. Suarez.

  
\_\_\_\_\_  
R. A. Cuevas, Jr.  
County Attorney

RAC/smm



# MEMORANDUM

(Revised)

**TO:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

**DATE:** September 1, 2015

**FROM:**   
R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Agenda Item No. 3(A)(12)

Please note any items checked.

- ☐ "3-Day Rule" for committees applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Ordinance creating a new board requires detailed County Mayor's report for public hearing
- ☒ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's \_\_\_\_, 3/5's \_\_\_\_, unanimous \_\_\_\_ ) to approve
- ☒ Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved \_\_\_\_\_ Mayor

Veto \_\_\_\_\_

Override \_\_\_\_\_

Agenda Item No. 3(A)(12)

9-1-15

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE MAY 16, 2015 "NATIONAL NURSE WEEK/HOSPITAL WEEK FAMILY PICNIC" SPONSORED BY SEIU LOCAL 1991 IN AN AMOUNT NOT TO EXCEED \$280.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 7 FY 2014-15 IN-KIND RESERVE FUND

**WHEREAS**, SEIU Local 1991 has requested in-kind services from the Parks, Recreation and Open Spaces Department for the May 16, 2015 "National Nurse Week/Hospital Week Family Picnic" in an amount not to exceed \$280.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the purpose of the "National Nurse Week/Hospital Week Family Picnic" event is to recognize the nurses and doctors of SEIU Local 1991 and Jackson Health System for their hard work and dedication; and

**WHEREAS**, the "National Nurse Week/Hospital Week Family Picnic" is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$280.00 of the in-kind services shall be funded from the balance of the District 7 FY 2014-15 In-Kind Reserve Fund,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board retroactively authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the May 16, 2015 "National Nurse Week/Hospital Week Family Picnic" sponsored by SEIU Local 1991 in an amount not to exceed \$280.00 to be funded from the balance of the District 7 FY 2014-15 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Xavier L. Suarez. It was offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and upon being put to a vote, the vote was as follows:

Jean Monestime, Chairman	
Esteban L. Bovo, Jr., Vice Chairman	
Bruno A. Barreiro	Daniella Levine Cava
Jose "Pepe" Diaz	Audrey M. Edmonson
Sally A. Heyman	Barbara J. Jordan
Dennis C. Moss	Rebeca Sosa
Sen. Javier D. Souto	Xavier L. Suarez
Juan C. Zapata	

The Chairperson thereupon declared the resolution duly passed and adopted this 1<sup>st</sup> day of September, 2015. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF  
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: \_\_\_\_\_  
Deputy Clerk

Approved by County Attorney as  
to form and legal sufficiency.

GKS

Gerald K. Sanchez

MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION  
FY 2008-09

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER.

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Strategic Business Management  
111 N.W. 1st Street, Suite 2200  
Miami, FL 33128

Phone: (305) 375-5143  
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☒ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☐ Special Event\* - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event\* - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

\*\*Note: Event budget must be included for "Special" and "Major" event types.\*\*

Commissioner sponsoring event

Xavier Suarez

1. Full legal name of the requesting organization: SEIU - LOCAL 1991

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt  
☐ For-Profit  
☐ Local Government or Public Entity  
☐ Other (specify): \_\_\_\_\_

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):

Sharon Marlow - Chief of Finance & Operations  
18441 NW 2nd Ave. #502, Miami 33169  
305-620-6555, sharon@seiu1991.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable):

WAIVER OF PARKING FEES @ CRANDON PARK  
for approximately 40 CARS on MAY 18, 2015.

5. Name, date of event, description, and purpose of the event (If event is a fund-raiser, define the beneficiaries):

National Nurse week / Hospital week Family Picnic is an event to thank the nurses & doctors of LOCAL 1991 SNU / Jackson Health Systems for their hard work & dedication.

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☐ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)):

District 7  
Biscayne Nature Center  
6767 Crandon Park Blvd  
Key Biscayne 33149

8. Description of regional or local impact:

N/A

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):

N/A

MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION  
Page 3

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): N/A

11. Expected number of participants and estimated attendance (per day, if applicable): N/A

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): N/A

I hereby certify that all the statements made in this application are true and correct.

Martha B. Lopez  
Signature of Authorized Representative

Apr. 27, 2015  
Date

# Memorandum



**Date:** September 1, 2015

**To:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

**From:** Carlos A. Gimenez  
Mayor

A handwritten signature in black ink, appearing to read "Carlos A. Gimenez".

**Subject:** District Specific In-Kind Request

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A retroactive waiver for in-kind services has been requested by SEIU Local 1991, Inc., for their "National Nurse Week/Hospital Week Family Picnic" event held on May 16, 2015.

In-kind services have been requested in an amount not to exceed \$280.00 from the Miami Dade Parks, Recreation and Open Spaces Department contributing towards parking fees. This event will be funded from the balance of District 7 FY 2014-15 In-Kind Reserve Fund.

A handwritten signature in black ink, appearing to read "Edward Marquez".  

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Edward Marquez  
Deputy Mayor

Inkind01528